



U.S. Department
of Transportation
**Federal Aviation
Administration**

Office of Airport Planning
and Programming

800 Independence Avenue, SW
Washington, DC 20591

January 2016

Dear On Demand Operator:

The Federal Aviation Administration has arranged for its annual Airport Activity Survey to be conducted by Booz Allen Hamilton, Inc. Data collected in this survey will be used by the Federal Aviation Administration to allocate Airport Improvement Program (AIP) funds to eligible airports. Your participation in this survey is critical to small airports that rely in part on these data to qualify for AIP funds.

The enclosed survey form (FAA Form 1800-31) requests data for the 12-month period January 1 through December 31, 2015. The revenue passenger enplanement data that are requested on the enclosed form should only include those enplanements not reported to the Office of Airline Information on the T-100 form. See the back of the enclosed survey for a detailed explanation of how it should be completed. A sample of a completed form is on the back of this letter.

Submission of this data is voluntary. Your cooperation in completing this survey and returning it by April 4, 2016 is important to the airports you serve.

If you have any questions or comments, please contact Ms. Sharon Glasgow at (202) 267-8739 or e-mail her at sharon.glasgow@faa.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elliott Black".

Elliott Black
Director
Office of Airport Planning and Programming

Enclosure



| AIRPORT ACTIVITY SURVEY (By Selected Operators) | | | | FAA Certificate Information Number and Date Issued | |
|---|---|-----------|--------------------------------|--|---|
| Twelve-Month Period Covered: January 1 through December 31, 2015 | | | | ABCD1234 12/2015 | |
| DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED to U.S. DOT on Form T-100 | | | | | |
| Operator Name and Address AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH BEDFORD, MA 01730 | | | | | |
| Page <u>1</u> of <u>1</u> Pages | | | | | |
| OPERATIONS DURING 12-MONTH PERIOD COVERED | | | | | |
| DEPARTURE AIRPORT | | | | ENPLANEMENTS | |
| Airport Location Identifier (LOCID) | State | City | Airport Name | Number of Scheduled Enplanements (See Instructions) | Number of Nonscheduled Enplanements (See Instructions) |
| BED | MA | BEDFORD | Laurence G. Hanscom | 0 | 403 |
| LEW | ME | LEWISTON | Auburn-Lewiston Muni | 0 | 86 |
| ACK | MA | NANTUCKET | Nantucket Memorial | 0 | 88 |
| <div>FAA AIRPORT LOCATION IDENTIFIER</div> <div>CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT</div> <div>NAME OF AIRPORT WHERE PASSENGERS BOARDED</div> <div>ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT</div> <div>ANNUAL TOTAL OF CHARTER REVENUE PASSENGERS BOARDINGS AT EACH AIRPORT</div> | | | | | |
| I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief. | | | | | |
| DATE 2/19/2016 | NAME AND TITLE OF PREPARING OFFICIAL John Smith, President, Airway Air Taxi | | SIGNATURE <i>John Smith</i> | | |



U.S. Department
of Transportation
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Administration**

FAA Form 1800-31, Airport Activity Survey (By Selected Operators)

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0067. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary. The FAA will use collected data to help allocate Airport Improvement Program (AIP) funds to airports as required by 49 United States Code (USC). Limited confidentiality is maintained. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

INSTRUCTIONS FOR FORM 1800-31, AIRPORT ACTIVITY SURVEY (By Selected Operators)

The information requested on this form is voluntary, but it is needed for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds to the airports you serve.

This survey is restricted to on demand operations that are **not** reported to the U.S. Department of Transportation's Bureau of Transportation Statistics (BTS). Carriers that are not required to report to BTS because they conduct less than five round trips between two points should report revenue enplanements on this form.

Enplanements: An enplanement is a revenue passenger who boarded the aircraft at that airport. Report the total scheduled or nonscheduled enplanements conducted at each airport in a calendar year as one line record. If the number of lines required is more than those provided on the form, please reproduce it for continued entries.

Scheduled or Nonscheduled: The type of operation determines how enplanements are reported.

- If you conducted charter operations, enter the number of revenue passengers that boarded those flights as Nonscheduled Enplanements in the last column.
- If you conducted operations for which you offer in advance the departure location, departure time, and arrival location, enter the number of revenue passengers that boarded those flights in the Scheduled Enplanement column.
- If you conducted both scheduled and nonscheduled operations, enter the scheduled enplanements in scheduled column and the nonscheduled enplanements in nonscheduled column.

Note that Part 135 on-demand certificates limit the number of scheduled passenger-carrying operations that may be conducted. These operations must be fewer than five round trips per week "on at least one route between two or more points according to published flight schedules," and must use "airplanes, other than

turbojet powered airplanes, having a maximum passenger-seat configuration of 9 seats or less, excluding each crewmember seat, and a maximum payload capacity of 7,500 pounds or less." See 14 CFR 110.2 for more information.

By signing this form you certify, under penalty of perjury, that the information provided on this Airport Activity Survey Form (1800-31) is true, correct and complete to the best of your knowledge, information and belief. The certification represents that your files, records, documents, and data have not been manipulated or falsified in an effort to receive a more favorable allocation of AIP funds. A false or fictitious certification may be subject to criminal and/or civil prosecution, as well as appropriate administrative action.

When submitting the form with handwritten data, please make sure that the information is legible.

If you had no commercial or air taxi activity during the reporting period, please indicate this across the face of the form and return it in the self-addressed envelope provided.

If there are any questions regarding the completion of this form, please contact FAA Headquarters, National Planning & Environmental Division, telephone number 202-267-8739.

Sign and date FAA Form 1800-31 in the spaces provided, and mail it to:

Booz Allen Hamilton, Inc.
c/o Jeff Fossum
Attn: Federal Aviation Admin (FAA)
575 Herndon Parkway
Herndon, VA 20170

If you have completed the form (including signing and dating it) and wish to submit it electronically, you may email it to Sharon.Glasgow@faa.gov

If your name, address, or FAA Air Taxi/Commercial Operator Certificate Number is different from what is already printed on this form, please contact your local FAA Flight Standards District Office (FSDO) to correct the information.



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|---|--------------------------------------|------|--------------|--|---|
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| DATE | NAME AND TITLE OF PREPARING OFFICIAL | | SIGNATURE | | |